

PATENT

Attorney Docket No. NG-31336

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Goggins, Timothy P.
Application No. : 09/683,921
Filing Date : March 1, 2002
Title : Lenticular Bar Code Image
Examiner : Kumiko Koyama
Art Unit : 2876
Confirmation No. : 3798

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OFFICIAL

CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being:

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☐ 37 CFR 1.8(a) with sufficient postage as first class mail ☐ 37 CFR 1.10 As "Express Mail Post Office to Addressee" Mailing Label No. _____

Transmission

☒ transmitted by facsimile to Fax No. (703) 872-9306 addressed to Examiner Koyama at the U.S. Patent and Trademark Office.

Date: 1-30-04

Bernadette M. Jackson

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is: Amendment Transmittal
Response

STATUS

2. Applicant is a small entity.

07/14/2004 TDANKINS 00000004 232053 096A3921

01 FC:2253 475.00 DA
02 FC:2202 35.00 DA

MKE/908490.1

PATENT RESPONSE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application: 09/683,921
Filing Date: March 1, 2002
Inventor: Timothy P. Goggins
Title: Lenticular Bar Code Image
Examiner: Kumiko Koyama
Art Unit: 2876
Attorney Docket: NG-31336 (07845.0032)
Confirmation No.: 3798
Customer No.: 022202

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JAN 30 2004

OFFICIAL**CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10**

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37 CFR 1.8(a) 37 CFR 1.10**Transmission**☒ transmitted by facsimile to Fax No. (703) 872-9306 addressed to Examiner Koyama at the U.S. Patent and Trademark Office.

Date: 1-30-04

Bumadette M. Johnson

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

Dear Sir:

Introductory Comments begin on:	page 2
Amended Specification begins on:	page 3
Amended Claims begin on:	page 5
Remarks begin on:	page 15
Conclusion begins on:	page 20
Extension of Time begins on:	page 21

USSN 09/683,921

Transmittal

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR §1.136 apply.
- [] Applicant believes that no extension of term is required. However, if an extension of time is required, please consider this a petition therefor.
- [X] Applicant petitions for an extension of time under 37 C.F.R. §1.136 for the total number of months checked below [fees: 37 C.F.R. §1.17(a)(1)-(4)] :

Extension (months)	Fee for other than small entity	Fee for small entity
[] one month	\$ 110.00	\$ 55.00
[] two months	\$ 420.00	\$ 210.00
[X] three months	\$ 950.00	\$ 475.00
[] four months	\$ 1,480.00	\$ 740.00
		Fee: \$ 475.00

If an additional extension of time is required, please consider this a petition therefor.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Claims Remaining After Amendment		Highest No. Previously Paid For		Rate (Small Entity)	Additional Fee or	Rate (Large Entity)	Additional Fee
Total 46	Minus	42	=	4 x 9 = \$36	\$	x 18	\$ 36.00
Independent 11	Minus	11	=	0 x 42 = \$ 0	\$	x 86	\$ 0.00

FIRST PRESENTATION OF MULTIPLE DEP CLAIM

TOTAL
ADDIT. Fee \$

or TOTAL
ADDIT. Fee \$ 36.00

- c. [] No additional fee for claims is required.
- d. [X] Total additional fee for claims required \$36.00

FEE PAYMENT

5. [X] Charge Deposit Account 23-2053 in the amount of \$511.00 for any extension and/or fee required or credit for any excess fee paid.
- [] Attached is a check in the sum of \$

MKE/908490.1

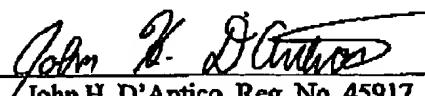
2

USSN 09/683,921

Transmittal

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Account No. 23-2053.
☒ If any additional fee for claims is required, charge Account No. 23-2053.

Date: JANUARY 30, 2004
John H. D'Antico, Reg. No. 45917

Whyte Hirschboeck Dudek S.C.
555 East Wells Street, Suite 1900
Milwaukee, WI 53202-3819
(414) 273-2100
Customer No. 022202

MKE/908490.1

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

09683921

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	42	[REDACTED]
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	42 minus 20 =	* 22
INDEPENDENT CLAIMS	11 minus 3 =	* 8
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=	398.00	OR	X\$18=	
X42=	336.00	OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	* 42	Minus	** 42	=
	Independent	* 11	Minus	*** 11	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	* 46	Minus	** 42	= 4
	Independent	* 11	Minus	*** 11	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=	36	OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.